Filli	n this information to	identify your cas	se:							
Debtor 1 Rachieka R WInchester										
	otor 2 use, if filing)					_				
Unit	ed States Bankruptc	y Court for the:	SOUTHERN DISTRIC	T OF OHIO		_				
Cas (If kn	e number 15-54	1184			✓	Check if this is: ✓ An amended filing ☐ A supplement showing post-petition chapter				
∩f	ficial Form E	2 61				_		s of the following	date:	
	chedule I: Y		١	MM / DD/ YYYY 12/13						
supp spot	olying correct inforruse. If you are separ tha separate sheet	nation. If you a rated and your	ble. If two married peopre married and not filing with spouse is not filing with the top of any addition	ng jointly, and your sp th you, do not include	oouse is e inforn	s living witl nation abou	h you, inclu ut your spo	de information a use. If more spa	bout your ce is needed,	
1.	Fill in your employ									
١.	information.			Debtor 1			Debtor 2 or non-filing spouse			
	If you have more th attach a separate p	page with	Employment status	✓ Employed☐ Not employed			☐ Employed☐ Not employed			
	information about employers.		Occupation	Accounting Advi	sor					
	Include part-time, seasonal, or self-employed work.			Cardinal Health						
	Occupation may incor homemaker, if it		Employer's address	7000 Cardinal Place Dublin, OH 43017						
			How long employed there? 3 years							
Par	Give Deta	ils About Mont	hly Income							
spou	se unless you are se	eparated. Douse have mor	te you file this form. If y e than one employer, conis form.						-	
						For De	ebtor 1	For Debtor 2 o		
2.			, and commissions (be alculate what the monthly		2.	\$	6,000.02	\$	N/A	
3. Estimate and list monthly overtime pay.					3.	+\$	0.00	+\$	N/A	
4.	Calculate gross In	come. Add line	2 + line 3.		4.	\$6,0	000.02	\$N	<u>A</u>	

	Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in So Specify:	chedule 11.		0.00
12.	Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	12.	\$	3,697.00
13.	Do you expect an increase or decrease within the year after you file this form? No		Coml	bined hly income
	Yes. Explain:			